

**STUDENT EMERGENCY INFORMATION**

**To be completed by custodial parent or legal guardian**

Bus Walk Parent transport Student drives self  
**(Circle all that apply)**

**Student's Name** \_\_\_\_\_ Sex M - F Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Student lives with:  Parents  Father  Mother  Foster/Residential Care  Other \_\_\_\_\_

**\*LEGAL GUARDIAN** \_\_\_\_\_ **Home Email Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Office Phone \_\_\_\_\_

**Dentist** \_\_\_\_\_ Office Phone \_\_\_\_\_

**IN CASE OF ILLNESS OR EMERGENCY AT SCHOOL**, I understand every effort will be made to contact the parent or guardian. *When this fails*, the following person(s) may be contacted to speak on behalf of the parent or guardian concerning this student. **Emergency contacts are family and/or friends** the parent or guardian entrusts with their child. **Emergency contacts** should live a short drive from the school and be available during the school day to pick up sick or injured students. We encourage you to have more than one emergency contact person. If none of the designated contacts can be reached, and a serious medical emergency exists requiring medical treatment beyond what is provided at school to maintain safety and/or life, this student may be transported by EMS to \_\_\_\_\_ hospital.

#1 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

#3 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**COMPLETE REQUESTED HEALTH INFORMATION THAT APPLIES TO THIS STUDENT** This information will be on file in the school clinic. All student health information is considered confidential and shared only if the health condition may impede classroom achievement on a "need to know" basis. **ALL medication MUST be supplied to the school by the parent or guardian. The school does NOT STOCK any medication.**

**ALLERGIES:**  **NO** Known Allergies  **YES**  Milk Allergy  Lactose Intolerant  Other: \_\_\_\_\_

Describe reaction: \_\_\_\_\_

Requires medication?  Yes  No Has your child ever had a severe reaction requiring hospitalization?  No  Yes

**ASTHMA:**  **NO**  **YES:**  Activity Induced  Allergy Induced  Anxiety Induced  Other: \_\_\_\_\_

On a scale from 1 (very mild) to 10 (severe) rate your child's asthma (circle appropriate number) 1 2 3 4 5 6 7 8 9 10

Asthma control regime \_\_\_\_\_ Will your child use/carry an inhaler at school?  No  Yes

Students that carry and self-administer inhalers must have a completed **Medication Self-Administration Consent Form** (Hs-5b) on file.

**ATTENTION DEFICIT DISORDER:**  **NO**  **YES:**  Without Hyperactivity (ADD)  With Hyperactivity (ADHD)

Medication required during school hours?  **NO**  **YES**

**DIABETES:**  **NO**  **YES:** Age Diagnosed \_\_\_\_\_ Controlled by:  Diet Only  Diet and Oral Medication  Insulin Dependent

Additional Information \_\_\_\_\_

~ An **EACS Diabetes Medical Management Plan** MUST be completed by the physician and parent/guardian, contact the school nurse.

**EPILEPSY:**  **NO**  **YES:** List Type \_\_\_\_\_ Controlled with \_\_\_\_\_

How frequent is seizure activity? \_\_\_\_\_ Known Triggers \_\_\_\_\_

Describe typical seizure: \_\_\_\_\_

**Vision**  No problems  wears glasses  wears contacts

**Hearing**  No problems  wears aides  Other, explain: \_\_\_\_\_

**List other medical/psychological conditions, disorders, and/or diseases** \_\_\_\_\_

(Use back of form if additional space is needed)

**List ALL daily medications (home and school)--dosage, time given, and reason for medication** \_\_\_\_\_

I authorize East Allen County Schools, to copy this form and give to emergency medical personnel in the event of a medical emergency requiring EMS transport.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_